

Registration District No. 547

Primary Registration District No. 3029

State File No. \_\_\_\_\_

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Marion  
(b) City or town Harrison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1226 Center  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Isaac L. Smith

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
7. Birth date of deceased April 18, 1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Retired (former)

11. Industry or business \_\_\_\_\_

12. Name William M. Smith

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Nellie Saunders

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant H. J. Hegerbollen

(b) Address 1226 Center Harrison Mo

17. (a) Burial (b) Date thereof Dec. 28, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hydesburg, Conn.

18. (a) Signature of funeral director James Robinson

(b) Address Harrison Mo

19. (a) Jan. 1, 1941 (b) W. C. Fisher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
(c) City or town Harrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1226 Center (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 year 1940 hour \_\_\_\_\_ minute 11:40 P. M.

21. I hereby certify that I attended the deceased from June 1, 1940 to Dec 27, 1940 that I last saw him alive on Dec 28 and that death occurred on the date and hour stated above.  
Immediate cause of death Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senility - heart  
(Include pregnancy within 3 months of death)

Major findings: Coronary artery 50%

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature James Robinson (M. D. or other) D

Address Harrison Date signed 12/27/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Harold O. Donnell*

Licensed Embalmer No. *3889*

P. O. Address: *Harold O. Donnell*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**